

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

The Council of Insurance Agents & Brokers Political Action Committee

ADDRESS (number and street) ▼

701 Pennsylvania Avenue, NW

Suite 750

☐ Check if different than previously reported. (ACC)

Washington

DC

20004-2608

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00039578

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

01

01

2016

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

01

31

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ken A. Crerar

Signature of Treasurer

Ken A. Crerar

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

02

19

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		982662.06
(b) Cash on Hand at Beginning of Reporting Period.....	982662.06	
(c) Total Receipts (from Line 19)	13803.62	13803.62
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	996465.68	996465.68
7. Total Disbursements (from Line 31)	49602.07	49602.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	946863.61	946863.61
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
01 01 2016

To:

M M / D D / Y Y Y Y Y
01 31 2016

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

6852.48

6852.48

(ii) Unitemized

6951.14

6951.14

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

13803.62

13803.62

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

13803.62

13803.62

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

13803.62

13803.62

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

13803.62

13803.62

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	602.07	602.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	602.07	602.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	49000.00	49000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	49602.07	49602.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49602.07	49602.07

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	13803.62	13803.62
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13803.62	13803.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	602.07	602.07
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	602.07	602.07

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 14

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Albert R Counselman

Mailing Address 12313 Michaelsford Rd

City

Cockeysville

State

MD

Zip Code

21030-2248

FEC ID number of contributing
federal political committee.

C

Name of Employer

RCM&D, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	1	6

Transaction ID : 39033838

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Ms. Elizabeth R Smith

Mailing Address 616 S. Bruner Street

City

Hinsdale

State

IL

Zip Code

60521-3944

FEC ID number of contributing
federal political committee.

C

Name of Employer

Assurance Agency, Ltd. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	1	6

Transaction ID : 39034073

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Mr. Ross HamannMailing Address Centura Tower
14185 Dallas Parkway

City

Dallas

State

TX

Zip Code

75254-1319

FEC ID number of contributing
federal political committee.

C

Name of Employer

IMA of Texas, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	1	6

Transaction ID : 39034084

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

5250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Ryan Keller

Mailing Address 51 Corporate Woods

9393 W. 110th Street, Suite 600

City

Overland Park

State

KS

Zip Code

66210-1465

FEC ID number of contributing
federal political committee.

C

Name of Employer

IMA Financial Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 07 / 2016

Transaction ID : 39034135

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Walter R Fawcett III

Mailing Address 310 Macalpin Ct

City

Barrinton

State

IL

Zip Code

60010-6426

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Plexus Groupe LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.52

Date of Receipt

01 / 08 / 2016

Transaction ID : 39034154

Amount of Each Receipt this Period

416.52

Full Name (Last, First, Middle Initial)

C. Mr. Mitchell C Andrews

Mailing Address 28 Hidden Brook Dr

Suite 300

City

North Barrington

State

IL

Zip Code

60010-6914

FEC ID number of contributing
federal political committee.

C

Name of Employer

Plexus Groupe LLC (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.28

Date of Receipt

01 / 08 / 2016

Transaction ID : 39034155

Amount of Each Receipt this Period

219.28

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

885.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Jared Pope

Mailing Address 6125 Penrose

City State Zip Code
 Dallas TX 75214-3039

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Plexus Groupe LLC, The

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 08 / 2016

Transaction ID : 39034212

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Christine M Kenyon

Mailing Address 828 John Nolen Drive

City State Zip Code
 Madison WI 53713-1424

FEC ID number of contributing
federal political committee.

C

Name of Employer
 M3 Insurance Solutions, Inc.

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

01 / 15 / 2016

Transaction ID : 39104419

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

C. Ms. Cynthia Van Asten

Mailing Address 480 Pilgrim Way

City State Zip Code
 Green Bay WI 54304-5280

FEC ID number of contributing
federal political committee.

C

Name of Employer
 M3 Insurance Solutions, Inc.

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

01 / 15 / 2016

Transaction ID : 39104454

Amount of Each Receipt this Period

208.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

666.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 14
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Elizabeth McDaid

Mailing Address 701 Pennsylvania Ave NW
Suite 750

City Washington State DC Zip Code 20004-2661

FEC ID number of contributing
federal political committee.

C

Name of Employer

Council of Insurance Agents and Broker

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : 39104464

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

6852.48

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 14

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. PayPal, Inc.

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		3	1		2	0	1	6		

Mailing Address 4100 Solutions Center, #774100

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement

001

Candidate Name

Category/
Type**Transaction ID : 39098725**

Amount of Each Disbursement this Period

224.05

Office Sought: ☐ House
 ☐ Senate
 ☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. ANYBILL

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		1	1		2	0	1	6		

Mailing Address PO Box 34781

City Bethesda State MD Zip Code 20827-0781

Purpose of Disbursement

001

Candidate Name

Category/
Type**Transaction ID : 39098727**

Amount of Each Disbursement this Period

300.52

Office Sought: ☐ House
 ☐ Senate
 ☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Amount of Each Disbursement this Period

Office Sought: ☐ House
 ☐ Senate
 ☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
SUBTOTAL of Disbursements This Page (optional)..... ►

524.57

TOTAL This Period (last page this line number only)..... ►

524.57

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gardner For Congress

Mailing Address PO Box 2408

City	State	Zip Code
Loveland	CO	80539

Purpose of Disbursement
Void - Gardner For Congress

Candidate Name

Cory GardnerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2016

Transaction ID : 39050123

Amount of Each Disbursement this Period

-2500.00

Void - Gardner For Congress

Full Name (Last, First, Middle Initial)

B. Hoyer for CongressMailing Address 7905 Malcolm Road
Suite 102

City	State	Zip Code
Clinton	MD	20735

Purpose of Disbursement
Void - Hoyer for Congress

Candidate Name

Steny H. HoyerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2016

Transaction ID : 39050143

Amount of Each Disbursement this Period

-2500.00

Void - Hoyer for Congress

Full Name (Last, First, Middle Initial)

C. AMERIPACMailing Address 499 South Capitol Street, SW
Suite 414

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2016

Transaction ID : 39106528

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

-2500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. IMPACTMailing Address 60 East 42nd St.
Suite 437

City New York State NY Zip Code 10165

Purpose of Disbursement

Candidate Name

IMPACTOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2016

Transaction ID : 39106544

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Cleaver For Congress

Mailing Address 4801 Main Street, Suite 1000

City Kansas City State MO Zip Code 64112

Purpose of Disbursement

Candidate Name

Rep. Emanuel Cleaver IIOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016 ☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2016

Transaction ID : 39106548

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Democratic Senatorial Campaign Committee

Mailing Address 122 Maryland Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2016

Transaction ID : 39106549

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

22500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. National Republican Congressional Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2016

Mailing Address 320 1st St, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Transaction ID : 39106550

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

B. Friends of Schumer

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2016

Mailing Address 60 Madison Ave
Suite 1201

City	State	Zip Code
New York City	NY	10010

Purpose of Disbursement

011

Candidate Name

Category/
Type**Charles Schumer**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NY District:

Transaction ID : 39106551

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Ben Sasse For Us Senate Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2016

Mailing Address PO Box 1976

City	State	Zip Code
Fremont	NE	68026

Purpose of Disbursement

011

Candidate Name

Category/
Type**Benjamin Sasse**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NE District:

Transaction ID : 39106552

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►

22500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cory Gardner For Senate

Mailing Address 9227 E Lincoln Ave #200-234

City	State	Zip Code
Lone Tree	CO	80124

Purpose of Disbursement

011

Candidate Name

Sen. Cory Gardner

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CO District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2016

Transaction ID : 39106553

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Van Hollen For Senate

Mailing Address 10605 Concord St Suite 202

City	State	Zip Code
Kensington	MD	20895

Purpose of Disbursement

011

Candidate Name

Chris Van Hollen

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2016

Transaction ID : 39106566

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Perdue For SenateMailing Address 3110 Maple Drive Ne
Suite 400

City	State	Zip Code
Atlanta	GA	30305

Purpose of Disbursement

011

Candidate Name

Sen. David Perdue

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: GA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2016

Transaction ID : 39106574

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00
49000.00